

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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16CV 6330

Nathaniel Smith

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

Christine McCoy Assistant District Attorney

John Doe NYPD Detective Queen County 113th Pct

Jane Doe NYPD Detective Queens County Pct 113th

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other:

my Safety is in Danger my family had to move

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Nathanial

First Name

WL

Middle Initial

Smith

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

2016-00522

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

2016-00522 Orange County Jail

Current Place of Detention

Orange County Jail 110 wells farm Rd

Institutional Address

Goshen

County, City

Ny

State

10924

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☒ Other:

waiting to be sentenced to land

V. STATEMENT OF CLAIM

Place(s) of occurrence: 150-82 116rd Jamaica Ny 11434

Date(s) of occurrence: Oct 23 2015

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On Oct 23 2015 my house was shot at and the police was called, I explained that was released from prison Oct 22, 2015 so I don't know what's going on, but I was taken in for questioning on Oct 23 2016, I disappeared because the detectives was trying to build a case so on Feb 3 2016 the male and female Detective came to Orange County Jail to show me pictures of the shooter because I knew ^{who} the shooter was, I explained that I didn't want any problems and this can lead to me or my family being hurt but they didn't care, on Feb 11 2016 I had to go in front the grand jury I met with Christine McCoy ADA then around May or June 2016 ADA Christine McCoy called Orange County Jail and inform the officer Leon that it was a threat on my life, also NYPD DEA officers came to the Jail to tell me personally a threat on my life was made but still nothing is being done, my family had to move the defendant's brothers are walking around with my picture off of Facebook, I am homeless because the ADA and Detectives I'm in danger my child and family that lived with me are ⁱⁿ endangered and I can't go back to my house and my right to Plee the 5th was violated along with my life being in danger, I am depressed, stressed, can't sleep or eat, I don't have a place to live, and every thing I had is gone because the defendant's brother's broke into my house stole all my pipes and ^{caused} ~~cost~~ damage, my release from Jail

is in September 2016 and I could be killed because of the ADA and detectives
the ADA did call the County Jail to inform me my life is in danger which
proves they were careless and now my safety is at a risk.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am asking that the Court grant me \$750,000 for the danger the NYPD and ADA
put me in, I am asking for \$30,000 for house damages cause by the defendant's
brothers because I was forced to testify at the grand jury and my right to Preq
the 5th was violate and I am asking for the Court to grant me 10,000 for
having to move and send my child to another state for safety reasons, I am asking
That you grant me a total of \$790,000

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>7/13/16</u>		<u>Nathaniel Smith</u>	
Dated		Plaintiff's Signature	
<u>Nathaniel</u>	<u>W.L.</u>	<u>Smith</u>	
First Name	Middle Initial	Last Name	
<u>O.C.J. 110 wells farm Rd</u>			
Prison Address			
<u>Goshen</u>	<u>NY</u>	<u>10924</u>	
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: 8/1/16

Nathaniel Smith 2016-00522
ORANGE COUNTY JAIL
110 WELLS FARM ROAD
GOSHEN, NEW YORK 10924

neopost
08/04/2016
US POSTAGE

\$00.47⁰

ZIP 10924
041L11224163



Clerk
United States District Court
Southern District of New York
U.S. Courthouse - 500 Pearl Street
New York NY 10007

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LEGAL MAIL

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